

FINANCIAL AFFIDAVIT

Rev. 5/98 SUPPORT OF REQUEST FOR ATTORNEY EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

GSA 23

Rev. 5/98

IN UNITED STATES MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

IN THE CASE

USA V.S. Bailell

FOR

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

- Defendant—Adult
- Defendant - Juvenile
- Appellant
- Probation Violator
- Parole Violator
- Habeas Petitioner
- 2255 Petitioner
- Material Witness
- Other

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →) Felony Misdemeanor**ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY**

EMPLOYMENT	Are you now <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed																						
	Name and address of employer: _____																						
	IF YES, how much do you earn per month? \$ _____		IF NO, give month and year of last employment _____																				
			How much did you earn per month? \$ _____ <i>never</i>																				
ASSETS	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																						
	IF YES, how much does your Spouse earn per month? \$ _____																						
	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____																						
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																						
	RECEIVED		SOURCES																				
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____																						
CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____																						
	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																						
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT																						
PROPERTY	VALUE	DESCRIPTION																					
	List persons you actually support and your relationship to them																						
	<table border="1" style="width: 100%;"> <tr> <td rowspan="4" style="vertical-align: top;">DEPENDENTS</td> <td colspan="2">MARITAL STATUS</td> <td>Total No. of Dependents</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> SINGLE</td> <td><input type="checkbox"/> MARRIED</td> <td>_____</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> WIDOWED</td> <td><input type="checkbox"/> SEPARATED OR</td> <td>_____</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> DIVORCED</td> <td></td> <td>_____</td> <td colspan="2"></td> </tr> </table>			DEPENDENTS	MARITAL STATUS		Total No. of Dependents			<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	_____			<input type="checkbox"/> WIDOWED	<input type="checkbox"/> SEPARATED OR	_____			<input type="checkbox"/> DIVORCED		_____	
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	<input type="checkbox"/> DIVORCED		_____																				
OBLIGATIONS & DEBTS	APARTMENT OR HOME:		Creditors	Total Debt	Monthly Paymt.																		
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)			\$ _____	\$ _____																		
				\$ _____	\$ _____																		

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED) *Shem Bailell*